



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

<b>DUE DATES:</b>	<b>First Semester</b>	<b>Second Semester</b>
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
<b>COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:</b>		

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: <b>05 Carbon</b>			District: <b>0059 Bridger K-12 Schools</b>		District Level: <b>High School</b>
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
2	2316	No	Loyning, Paul & Jean	4.25	_____
2	2317	No	Zentner, Darren & Krystal	0.40	_____
2	2318	No	Weimer, Catherine & Kevin	0.75	_____
2	2319	No	Murray, Sonia L	9.25	_____
2	2512	No	,		_____
2	2513	No	Murray, Sonia L	16.70	_____